

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

WRI N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

W. B. McCaw, of Columbia.

(1) PLACE OF BIRTH
County of Abbeville
Township of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
13320

Inc. Town of Registration District No. 1-A Registered No. 38
(For use of Local Registrar)
City of Abbeville (No. 59 Mill Hill St.; 2nd Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Viola Elizabeth McCaw If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH May 10
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Julius McCaw
(9) PRESENT POSTOFFICE OF FATHER Abbeville
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Abbeville Co
(13) OCCUPATION Mill work
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lily Powell
(15) PRESENT POSTOFFICE OF MOTHER Abbeville
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE Gas
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Abbeville (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) C. A. Green
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Abbeville

Given name added from a supplemental report
..... 191.....
.....
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed May 10th 1915 (28) J. G. Perine Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Registrar Local Registrar

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